

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700909

FILING DATE

APPLICANT(S)

CLAIMS

IND.	DEP.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						
2	1						
3	2						
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
10	1						
11	1						
12	1						
13	1						
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49							
50							
TOTAL IND.	1						
TOTAL DEP.	13						
TOTAL CLAIMS	14						

IND.	DEP.	*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS